

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>WALKER PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2216 N RILEY HWY</b> <b>SHELBYVILLE, IN 46176</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>This survey was for a State Residential Licensure Survey. This visit included the investigation of Complaint IN00162997.</p> <p>Complaint IN00162997 was Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 10, 11, 2015.</p> <p>Facility number: 004444 Provider number: 004444 AIM number: N/A</p> <p>Survey Team: Tom Stauss, RN-TC Beth Walsh, RN Angie Stallsworth, RN Karina Gates, Generalist</p> <p>Census bed type: Residential: 29 Total: 29</p> <p>Census payor type: Other: 29 Total: 29</p> <p>Walker Place was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and the Investigation of Complaint IN00162997.</p> <p>Quality Review 02/12/15 by Lisa McColly</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE